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Confidential

ESTATE PLANNING INFORMATION FORM

MARITAL STATUS: Single Married Widowed Divorced

SPOUSE 1:

Name: _____ Date of Birth: _____

Email: _____ Main Phn #: _____

Current Address: _____

Mailing Address
(if different) _____

Employer: _____ Occupation: _____

Previously Married, Civil Union, Domestic Partnership? YES NO Dates: _____

SPOUSE 2:

Name: _____ Date of Birth: _____

Email: _____ Main Phn #: _____

Current Address: _____

Mailing Address
(if different) _____

Employer: _____ Occupation: _____

Previously Married, Civil Union, Domestic Partnership? YES NO Dates: _____

CHILDREN / HEIRS:

Child's Name (include middle initial)	Child of:	Age	Marital Status	Address / Phone / Email
	<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	<input type="checkbox"/> Spouse 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Both		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Have any of your children pre-deceased you? YES NO

If YES, please explain:

Do any of your children have a disability? YES NO

If YES, please explain:

GUARDIAN(S): (If applicable, i.e. for minor children)

Primary Guardian(s):

Successor(s): 1.

Successor(s): 2.

Special Instructions:

BURIAL INSTRUCTIONS:

Spouse 1: Cremation Burial No Preference

Special Instructions:

Spouse 2: Cremation Burial No Preference

Special Instructions:

PRIOR ESTATE PLANNING DOCUMENTS:

	<u>Spouse 1</u>	<u>Spouse 2</u>
Do you or your spouse currently have a Will?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what State was the document executed in?		
Do you currently have a Trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently have a Health Care Directive or Living Will?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Financial Power of Attorney?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

REAL ESTATE:

	<u>Spouse 1</u>	<u>Spouse 2</u>
Do you or your spouse own real property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, is the property outside the state of Georgia?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list property addresses:

BUSINESS INFORMATION:

	<u>Spouse 1</u>	<u>Spouse 2</u>
Do you or your spouse own a business?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, please list the name of each business, address and any pertinent details:

EXECUTORS, TRUSTEES, AND AGENTS:

If you know who you would like to appoint as an Executor, Trustee, Guardian or Agent under your estate planning documents, please provide the names of the individuals below. If you are unsure of who you would like to appoint or what role the individual will serve, please wait to fill out this section until after the initial consultation and our attorneys will gladly explain the positions in further detail. While you can always change your mind with regards to these positions, providing the names of individuals suited to fill these roles will assist our attorneys in the drafting of the documents.

Spouse 1

Spouse 2

Executor(s): _____

Executor(s): _____

Successor(s): 1. _____

Successor(s): 1. _____

Successor(s): 2. _____

Successor(s): 2. _____

Trustee(s): _____

Trustee(s): _____

Successor(s): 1. _____

Successor(s): 1. _____

Successor(s): 2. _____

Successor(s): 2. _____

FINANCIAL POWER OF ATTORNEY:

Spouse 1

Spouse 2

Agent(s) Name: _____

Agent(s) Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

1st Successor's Name: _____

1st Successor's Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

2nd Successor's Name: _____

2nd Successor's Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

HEALTH CARE DIRECTIVE: (Living Will)

Spouse 1

Spouse 2

Agent(s) Name: _____
Address: _____
Phone #: _____
Email: _____

Agent(s) Name: _____
Address: _____
Phone #: _____
Email: _____

1st Successor's Name: _____
Address: _____
Phone #: _____
Email: _____

1st Successor's Name: _____
Address: _____
Phone #: _____
Email: _____

2nd Successor's Name: _____
Address: _____
Phone #: _____
Email: _____

2nd Successor's Name: _____
Address: _____
Phone #: _____
Email: _____

ADDITIONAL INFORMATION/ SPECIAL CONSIDERATIONS:

Please set forth below any additional information, questions, or special circumstances of which we should be aware, or you would like to discuss while considering your estate plan:

Name(s): _____
Date Completed: _____